

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
Health Occupations Credentialing  
**APPLICATION FOR  
SPEECH-LANGUAGE PATHOLOGY AND/OR AUDIOLOGY LICENSE**

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**TYPE OF LICENSE.**

Circle type of license. Enclose non-refundable fee: Certified Check, Corporate Check or Money Order payable to "KDHE".

Temporary: \$65.00

Full - \$135.00

Reciprocal - \$135.00

Speech-Language Pathology

Audiology

**\*\*See attached fee schedule. Fees are pro-rated for partial year licenses. Personal checks are accepted; license may be subject to action if checks are found to be invalid or insufficient funds. Fees can be charged to Discover Card. Charge authorization form must be completed and returned to utilize this option.**

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**APPLICANT INFORMATION**

Name: \_\_\_\_\_  
Last First Mi Other  
Address: \_\_\_\_\_  
Street/Route/Box/Apt# City State Zip  
Phone: work (\_\_\_\_) \_\_\_\_\_ home (\_\_\_\_) \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_\_

*(Attach a copy of your Social Security Card or document bearing your name and Social Security number)*

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**EDUCATION - List**

College/University	Degree	Date Conferred
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

- Transcripts showing award of a Master's Degree in Speech-Language Pathology and/or Audiology must be sent by the college/university directly to Health Occupations Credentialing.
- The college/university must be regionally accredited by the United States Department of Education and with American Speech-Language Hearing Association approved program. If you hold a degree or completed course work from a non-accredited institution, you must complete Supplement A. *(request from the department)*
- Degrees or transcripts received from schools outside the United States or its territories must be translated and/or evaluated by a validating agency.

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**CLINICAL PRACTICUM**

**TEMPORARY LICENSE**

Single License: Submit documentation on institutional letterhead signed by the college/university program or clinical director verifying completion of 375 clinical practicum hours, of at least 250 of which were completed at graduate level.

Dual License: Submit documentation on institutional letterhead signed by the college/university program or clinical director verifying at least 250 graduate clinical practicum hours in each discipline and that the program is consistent with the standards of the state universities of Kansas, or approved by the Secretary.

**FULL/RECIPROCAL LICENSE:**

Applicants for a full/reciprocal license must submit either university documentation of clinical practicum OR certificate of clinical competence.

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**SUPERVISED POSTGRADUATE PROFESSIONAL EXPERIENCE**

**TEMPORARY LICENSE**

Have you completed a supervised postgraduate professional experience of at least 9 mon full-time, or its equivalent? **Y/N**

If NO, complete and return the "Supervised Postgraduate Professional Experience Plan."

If YES, complete and return the "Supervised Postgraduate Professional Experience Documentation."

**FULL/RECIPROCAL LICENSE**

Applicants requesting a full/reciprocal license may submit either documentation of completing the experience signed by the supervisor OR a Certificate of Clinical Competence.

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**EXAMINATION**

**TEMPORARY LICENSE**

Have you taken and passed the NTE Specialty Area Test in Speech-Language Pathology or Audiology? **Y/N**

Request that ETS send the results to the department. The department's score recipient code is **7272**.

**FULL/RECIPROCAL LICENSE**

Applicants for a full/reciprocal license may submit verification of passing score OR Certificate of Clinical Competence.

**LICENSE IN ANOTHER STATE**

List all states in which you have ever held a speech-language pathology and/or audiology license:

State: \_\_\_\_\_ State: \_\_\_\_\_ State: \_\_\_\_\_

State: \_\_\_\_\_ State: \_\_\_\_\_ State: \_\_\_\_\_

For each state, complete Part I of the Verification of License form, request that the state board complete Part II and return to KDHE.

**DISCIPLINARY ACTION**

● This information is required under Kansas law: K.S.A. 65-3503(a)

Has any license, certification, or registration issued by Kansas or another state or entity been denied, refused for renewal, suspended, revoked or subjected to any other disciplinary action? **Y/N**

If YES, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime by any court (including Kansas), or any federal court of the United States? **Y/N**

If YES, please indicate:

Date of conviction: \_\_\_\_\_

City, County and State of conviction: \_\_\_\_\_

Crime of which convicted: \_\_\_\_\_

I do hereby attest that the information supplied in this application and any attachment is accurate and complete to the best of my knowledge. I do hereby give permission to the board to verify any information provided in this application and attachments. I understand that the application fee is non-refundable should I not meet licensure qualifications.

I, \_\_\_\_\_, of lawful age, being first duly sworn, on oath, depose and confirm the above to be a true statement.

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**PLEASE NOTE: YOUR SIGNATURE MUST BE NOTARIZED**

SUBSCRIBED AND SWORN TO before me, the undersigned authority, on this _____ day of _____, 200_____ _____ (Notary Public) My appointment expires: _____
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Submit application,

supporting documents and fee to:

**Health Occupations Credentialing  
1000 SW Jackson, Suite 200  
Topeka KS 66612-1365**